

Updated  
Re: ST/PTO 08 FEB 2005

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/524159**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		2		1		
4	0	2		1		
5	0	1		1		
6	0	1		1		
7	0	1		1		
8	0	1		1		
9	0	1		1		
10	0	1		1		
11	0	1		1		
12	0	1		1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	20		23			
TOTAL CLAIMS	21		24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						